



Atty. Docket No. HAU234
Client Matter No. 81250.0091.001
Express Mail No. EV322529875US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Bailey, et al.

Serial No. 09/943,158

Filed: August 30, 2001

For: EFFICIENT METHOD FOR PRODUCING
COMPOSITIONS ENRICHED IN ANTHOCYANINS

Group Art Unit: 1625

Examiner: Taylor V. Oh

To: MAIL STOP AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

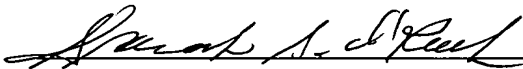
PETITION FOR TWO MONTH TIME EXTENSION

Sir:

The Applicants hereby request an extension of time of two months, from February 4, 2004 to April 4, 2004, in which to respond to the Office Action dated November 4, 2003. A check for the required fee for this petition is submitted herewith.

Respectfully submitted,

Dated: March 19, 2004


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03/23/2004 YPOLITE1 00000137 09943158

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210.00 0P

MAR 19 2004

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision

☒ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**210**

Complete if Known

Application Number	09/943,158
Filing Date	August 30, 2001
First Named Inventor	David Bailey
Examiner Name	Taylor V. Oh
Group / Art Unit	1625
Attorney Docket No.	HAU234

METHOD OF PAYMENT (check all that apply)

☒ check ☐ credit card ☐ money order ☐ other ☐ none
☐ Deposit Account

Deposit
Account
Number

50-1123

Deposit
Account
Name

Hogan & Hartson L.L.P.

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments
☒ Charge any additional fee(s) or any underpayment of fee(s)
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
770	385	Utility Filing Fee	
340	170	Design filing fee	
530	265	Plant filing fee	
770	385	Reissue filing fee	
160	80	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
	-20**=		
Independent Claims	-3**=		
Multiple Dependent		0	

**or number previously paid, if greater; For Reissues, see below

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description
18	9	Claims in excess of 20
86	43	Independent claims in excess of 3
290	145	Multiple dependent claim, if not paid
86	43	**Reissue independent claims over original patent
18	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	For filing a request for ex parte reexamination	
920*	920*	Requesting publication of SIR prior to Examiner action	
1,840*	1,840*	Requesting publication of SRI after Examiner action	
110	55	Extension for reply within first month	
420	210	Extension for reply within second month	210
950	475	Extension for reply within third month	
1,480	740	Extension for reply within fourth month	
2,010	1,005	Extension for reply within fifth month	
330	165	Notice of Appeal	
330	165	Filing a brief in support of an appeal	
290	145	Request for oral hearing	
1,510	1,510	Petition to institute a public use proceeding	
110	55	Petition to revive - unavoidable	
1,330	665	Petition to revive - unintentional	
1,330	664	Utility issue fee (or reissue)	
480	240	Design issue fee	
640	320	Plant issue fee	
130	130	Petitions to the Commissioner	
50	50	Processing fee under 37 CFR 1.17(q)	
180	180	Submission of Info Disclosure Stmt	
40	40	Recording each patent assignment per property (times number of properties)	
770	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
770	385	For each additional invention to be examined (37 CFR § 1.129(b))	
770	385	Request for Continued Examination	
900	900	Request for expedited examination of a design application	
Other fee (specify)		

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$)**210**

SUBMITTED BY Complete (if applicable)

Name (Print/Type) **Sarah S. O'Rourke**Registration No.
(Attorney/Agent)

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Telephone

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Signature

Date

3-19-04